

# **REAL AIDS PREVENTION PROJECT (RAPP)**

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## **Introduction**

The Real AIDS Prevention Project (RAPP) is one of the research-based programs by the Centers for Disease Control and Prevention (CDC) to be part of its Replication of Effective Programs (REP) Project. The REP Project identifies HIV prevention programs that have been shown to be effective and supports their original researchers in developing a package for use throughout the community.

RAPP is a community-based program that relies on peer outreach, small group activities, culturally appropriate reading material and support of local organizations and businesses to help women and their male partners reduce their risk for HIV by using condoms consistently.

References pertaining to condoms throughout this manual as well as in the Training Manual refer to male condoms.

The RAPP replication package is the result of cooperation between researchers, community-based organizations, community members, and representatives of the county health department and other agencies with an interest in HIV/STD prevention.

The package is made up of three manuals and a video. In the Project Manual, we describe the project and present a step-by-step guide on how to prepare for and carry out the problem. The Training Manual contains training materials and other resources that can be used for activities that are part of RAPP. In the Role Model Story Manual, you will find copies of many of the role model stories that were used in the original RAPP. Materials and role model stories are presented in copy-ready formats.

We acknowledge the support provided by the Centers for Disease Control and Prevention through cooperative agreement #U62/CCUU11-3446. Our project officers – Many Neumann, PhD; Ellen Sogolow, PhD and Jane Mezooff, DrPH – provided valuable guidance as the replication package was developed.

The RAPP Community Advisory Board, which included volunteers and staff from the original RAPP as well as representatives of community-based organizations and citizen volunteers, provided valuable input in to the design of the package and presentation of the material. We also acknowledge the special materials, and Mon Yough Community Services, Inc., who field tested the entire package of a 12-month period.

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## Overview

RAPP (the Real AIDS Prevention Project) was developed to help women and their partners reduce their risk for HIV infection, the virus that causes AIDS.

The program's objectives are:

- To Increase consistent condom use by women and their partners.
- To change community norms so that practicing safer sex is seen as the normal thing to do, and
- To involve as many people in the community as possible.

The combination of activities in the program includes:

- Outreach conducted by peers
- One-on-one discussions called stage-based encounters
- Distribution of condoms and stories about community members' experiences in moving toward safer sex practices
- Support of community organizations and businesses
- Small group activities, including safer sex parties and HIV presentations

RAPP has been scientifically demonstrated to be effective in helping people change their behavior it has received funding from the Centers for Disease Control and Prevention (CDC) to create a "package" that can be used by community-based organizations to decrease the spread of HIV. This manual, along with other materials and a video, is part of that package.

## Background

### The HIV Prevention in Woman and Infants Demonstration Projects (WIDP)

RAPP is based on research and interventions that Family Health Council, Inc. conducted in Pittsburgh, PA, from 1991 through 1996. RAPP was part of a five-year, community-level demonstration study that was carried out with low-income women in four inner-city communities. Funded by the CDC, the study is known nationally as the HIV Prevention in Women and Infants Demonstration Projects (WIDP).

The WIDP was designed to develop and test an approach to help sexually active women aged 15-34 reduce their risk of HIV infection and unintended pregnancy. Particular attention was given to women who used drugs, traded sex, had multiple partners or had partners who did any of those things or who were HIV positive. Activities were developed to influence community norms, attitudes and behaviors to support condom use (Terry et al., 1999).

The activities were based on a central theory called the Transtheoretical Model of Behavior Change, popularly known as “Stages of Change” (Prochaska & DiClemente, 1983,1985). This theory says that people do not change behavior all at once, but go through a series of stages. These stages range from not considering the change to thinking about it, making it, and then continuing it. Women were helped to move toward consistent condom use by being given condoms and messages tailored to their stage of change.

Two other major theories guided the activities. One says that people are more likely to adopt new behaviors when influential members of the community have already adopted them (Rogers, 1995). The second says that people learn new behaviors best when trusted sources, such as their peers practice the behavior and when people have the opportunity to increase both knowledge and skills related to the behavior (Bandura, 1977).

Before project activities began, an assessment was done of each WIDP community to find out more about the residents and how to talk with women about their risk for HIV.

When the RAPP activities started, outreach specialist in all WIDP communities used stage-of-change ideas to discuss safer sex with women in one-on-one or small group settings. Prevention messages were delivered through printed stories about women in the community who had changed their condom use. These stories and condoms were distributed by networks of peer volunteers and through local businesses and organizations.

Evaluation included tracking the project's activities and conducting annual surveys. Tracking activities measured how well the project was following it's design and helped in guiding adjustments that might be needed. The surveys helped measure how effective the project was in changing condom use.

The first survey was conducted before project activities began. Over 200 sexually active women in each of the four project communities were interviewed. At the same time, over 200 sexually active women were interviewed in four other similar nearby communities where the project would not take place.

The survey was repeated in both the intervention and comparison communities in each of the three following years. Over 1600 women participated in the survey each year. They were asked about behavior with their main partner and with other partners that they may have had.

Responses in the first survey compared with those in the final survey showed that the project had been effective (Lauby et al., 2000).

Women in the communities where project activities had taken place were significantly more likely that those in the comparison communities to have changed their safer sex behavior with their main partner by:

- Talking to him about condoms,

- Trying to get him to use a condom and
- Using a condom with him.

Teenage women in the communities where the activities took place were significantly more likely than teens in the comparison communities to:

- See advantages of using condoms with their main partner.
- Feel more confident about their ability to use a condom with him.
- Have used a condom with their main partner the last time they had sex (Adams et al., 1998)

Women in project communities who were at very high risk for HIV infection (sex traders) were more likely to be using condoms consistently with their partners, as well as their other partners, than were sex traders in comparison communities (Smith et al.).

## **WIDP in Pittsburgh**

### **The Real AIDS Prevention Project (RAPP)**

Although the same set of activities was used in all the WIDP project communities, each project developed its own name, and activities were adapted so they fit the characteristics of each community.

In Pittsburgh, the project was known as RAPP (the Real AIDS Prevention Project). RAPP activities and messages were based in public housing communities where strong social networks already existed. This meant that we needed the support of the housing officials, tenant councils and residents.

At meetings with housing officials and officers of tenant councils, we explained the purpose of the project and asked for their approval and support.

We hired residents of the community and trained them to become interviewers. Then they helped us do the community assessment by interviewing people in the community and working with project staff to conduct focus groups. With this information we were able to fit the project to the residents' needs and preferences.

During this time we learned important information about how to run an effective HIV prevention project that was based on research findings. For example we learned:

- How to involve not only individuals but also businesses and other agencies and organizations in the project.
- The most respectful and appropriate ways to make contacts in the community residents (rather than outsiders) talk to their neighbors about HIV prevention.

We established project offices in the community and used these centers for RAPP activities. The community residents who were interviewers were then trained as outreach specialists. Later they recruited other residents to participate in the project as peer volunteers and as hosts for safer sex parties.

# The Project Elements

RAPP involves five core elements:

1. **PEER NETWORK**
2. **STAGE-BASED ENCOUNTERS**
3. **ROLE MODEL STORIES**
4. **COMMUNITY NETWORK**
5. **SMALL GROUP ACTIVITIES**

The **Peer Network** is made up of people from the community who volunteer several hours each week to talk to women and men about HIV prevention and related issues. They also distribute condoms, role model stories, and other educational materials.

**Stage-Based Encounters** are one-on-one conversations led by trained peer volunteers who ask questions about attitudes and condom use to find out the person's stage of change. Then, based on the response, they give the person a message aimed at encouraging them to begin or continue condom use.

**Role Model Stories** are printed short stories based on interviews with people about their decision to change their behavior. In these stories, people in different situations and stages of change tell about experiences that made them think about, start, or continue using condoms.

The **Community Network** is made up of local businesses, organizations and agencies that support the project's goals in a variety of ways, including displaying and/or distributing role model stories and other educational materials and sponsoring projects activities.

**Small-Group Activities** include safer sex parties also called house parties, and HIV/AIDS presentations. Parties give people a chance to learn about HIV and develop communication and condom use skills. Larger group settings provide a different kind of opportunity to educate community members about HIV and ways to prevent infection.

## Time Frame

When planning to do RAPP, it is useful to think about three phases and put them into a time frame.

1. The first phase of the project is **Pre-Implementation** or **Getting Started**. This phase involves the preparations that are made to begin the project activities. It probably will take 2-4 months to obtain project acceptance, find staff and offices, do the community assessment, arrange for materials to hand out, and recruit and train peer network volunteers.
2. The second phase is **Implementation** or **Running the Project**. This phase includes beginning to do all of the activities that make up the project, tracking them, getting feedback from volunteers, and making adjustments. You should be ready to begin distribution of role model stories by peer network volunteers as well as recruitment of the community network in the third or fourth month of the project. In the fourth or fifth month, you can begin to conduct stage-based encounters, develop your own role

- model stories and also recruit hosts for safer sex parties and sponsors for HIV presentations.
3. The third phase is **Maintenance** in which the project activities are running fairly smoothly with only minor adjustments needed. This is the time to evaluate project activities and seek funding so that the project can continue.

## A Sample Timeline

### **PRE-IMPLEMENTATION** (Months 1-4)

- Orient agency to project
- Get permission from authorities
- Present project to citizen groups
- Identify and equip a central work location
- Hire core staff and train them in interviewing and doing focus groups
- Acquire materials (role model stories and condoms) for distribution
- Do community assessment (6-8weeks)
- Use assessment information to identify the best ways and places to reach community members
- Recruit volunteers
- Orient and train staff and volunteers in peer networking
- Establish community review panel

### **IMPLEMENTATION** (Months 5-9)

- Begin peer networking and weekly discussions of their activities
- Recruit community network and begin distributing materials to network members
- Train staff and volunteers to conduct stage-based encounters
- Conduct stage-based encounters
- Develop outlines for small group activities, presentations, and parties and begin recruiting hosts
- Begin holding small group activities
- Develop or reproduce new role model stories
- Track activities
- Make adjustments (recruit, retrain)

### **MAINTENANCE** (Months 10-ONWARD)

- Continue project activities
- Continue tracking all activities
- Get community feedback
- Evaluate
- Seek any additional funding needed to continue